

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

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APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) _	Robert Cleg	g, Debra Vanderbeel	k, Periklis Karoutas	DEPARTMENT OF S
II. Name of lobbyist's pa	artnership, firm or c	orporation, if any:		
Legis	lative Solutions, L.L	.C.	•	
(Name o	f partnership, firm or co	orporation)		
	. Box 10724	Bedford	NH	03110
Business Address: (Street))	(Town/City)	(State)	(Zip Code)
(6V3) <u>986-9145</u>	(e-mail dbeek@ac	ol.com
(Telephone)		(Fax)		
III. This statement cover reportable expense trans				y file a separate report for
All reportable transact	tions occurring in the	months prior to the re	porting date relative to the	e following client:
		tion Against the Dea		
OR (F	'ull Name of Client as it	appears on the Lobbyist	Registration Form)	
		including the lobbyist'	s family), or the lobbying	firm listed below which are
	April 24, 2019 🔀	20100	July 31, 2019 🗌	
	from date of registration October 30, 2019 🏻	n to 3/31/19 act	ivity from 4/1/19 to 6/30/19 January 29, 2020	
	vity from 7/1/19 to 9/36	0/19 ac	tivity from 10/1/19 to 12/31/	719
V. There have been no If this box is checked, con Concord, NH 03301.				
VI. Check if additional r	eports are attached	:		
If you have received i	fees or made expendi	tures, you must file Ac	Idendum A- Fees and Ex	penses
☐ If you have paid an he Expense Reimbursement	onorarium or reimbur	sed expenses, you mus	st file Addendum B- Rep	port of Honorariums or
☐ If you, your firm, or y	our family has made	political contributions	, you must file Addendu	m C– Political Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C and		swear or affirm that the f	oregoing information is true
Ky My TU	ly		April 9, 2019	
(Signature of lobbyist)	00		(Date	e)
Robert Clegg				
(Print Name of lobbyist)				

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

11. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C. (Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Coalition Against the Death Penalty	Date April 9, 2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 20,283.95
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 20,283.95
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office eximply individual expenses where the expenditure was of \$25.00 or less (for examply lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made b may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a busines ess than \$10 that is given to the perso ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 20,283.95
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ы \$ 0

c) Total of all itemized expenditures reported in detail in section VI.

c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 20,283.95
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	ŋ \$ <u>20,283.95</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
·	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(S/gnature of lobbyist)	April 9, 2019 (Date)
Robert Clegg	,
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	īrma	tion	by	Lobbyis
Statem	ent of	Income	and i	Expe	ense	es for:

Name of Lobbying partnership, firm, or corporation: Legislative Solutions, L.L.C.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): New Hampshire Coalition Against the Death Penalty
Date of Report (check one):
April 24, 2019 💆 July 31, 2019 🗆 October 30, 2019 🗆 January 29, 2020 🗆
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
X Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief April 9, 2019
(Signature of lobbyist) (Date)
Debra Vanderbeek (Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	ration: Legislative Solution	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any	
particular client):	nt): New Hampshire Coalition Against the Death Penalty			
Date of Report (check	one):			
April 24, 2019 💆	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □	
			d Expenses described above, and	
submitted):	ums suomitted with th	at Statement (insert the in	imber of Addendum forms being	
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
_	m that the foregoing in my knowledge and be		nt and each Addendum is true and	
114/0		April	9, 2019	
(Signature of lobbyist)			(Date)	
\mathcal{U}				
Periklis Karoutas				
(Print Name of lobbyis	st)			